2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 29, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam NAFS L.	e	#L030000255	520					02-29-2008 90101 032 ***138.75	
Principal Place			Mailing Address					~~	
Famous discount deli & groceries 1692 West Hullsboro Blvd Deerfield Beach, Fl 33442			NAFS LLC 1692 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442					III BAITA PINI BAYN BANK BANK BANK NABO BUTI BUKI NEW TAKAR KI 1811	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 1006 WINDSONG CIRCLE			<u> </u>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02252008	Chg-LLC CR2E083 (12/06)	
City & State			City & State GLENDALÉ HEIGHTS, IL				4. FEI Number Applied For 57-1183291 Not Applicable		
Zip	Cip Country		Zip 60139 Countr			5. Certificat		e of Status Desired \$5.00 Additional Fee Required	
	6. Name	and Address of Current F	Registered Agent Name				7. Name an	d Address of New Registered Agent	
DOBANI, N NAFS LLC						ddress (F	s (P.O. Box Number is Not Acceptable)		
1692 W HI	LLSBOR								
DEERFIELD BEACH, FL 33442			N/A		City	FL Zip Code			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or by									
the obligations of registered agent.									
SIGNATURE Signature, typed or printest name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$138.75 Make check payable to								Make check payable to	
		Fee will be \$538.75						Florida Department of State	
9. MANAGING MEMB			RS/MANAGERS 10.			,		ADDITIONS/CHANGES	
TITLE	MGRM	NIZAD	☐ Delete	TITL NAM	_			Change	
NAME STREET ADDRESS	DOBANI, 3856 CO	NIZAR BALTREE GIRCLE			eet address	100	6 WIN	DSONG CIRCLE	
CITY-ST-ZIP		NUT CREEK, FL 33073		'-ST-ZIP	GLENDALE HEIGHTS, IL GOI39 USA				
TITLE	MGRM		☐ Delete	TITE				Change Addition	
NAME STREET ADDRESS	1 '	SHAMIM RAL TREE CARCLE		NAMI STRE		1006 WINDSONG CIRCLE			
CITY-ST-ZIP		JT CREEK, FL. 33073			r-ST-ZIP			HEIGHTS, IL 60139 USA	
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STREET ADDRESS					EET ADDRESS				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or manager of the execute this report as required by Chapter 608, Florida Statutes.									

Feb 25/2008 (416)497-3113
Date Dayline Phone #